

Jan 23 Minutes
Prescription Pain Medication Advisory Committee Meeting

Present:

Abbie Vianes	Jason Carlson	Raedell Ashley
Art Lipman	Jeff Hawley	Robert Finnegan
Barry Nangle	Jerry Shields	Robert Rolfs
Ben Buchanan	Joel Millard	Roger Stuart
Brenda Ahlemann	Ken Benson	Steven Steed
Carla Cook	Kevin Balter	Sheldon Elman
Charlotte Vincent	Kevin Wyatt	Stacey Waldron
Cindy Kindred	Kim Bateman	Steve Angerbauer
David Sundwall	Leah Ann Lamb	Susannah Burt
Dennis Harston	Leigh Ann Turner	Teresa Garrett
Erin Johnson	Lynn Webster	Tim Morley
Ernie Volinn	Marty Malheiro	Todd Grey
George Vankomen	Mary Caravati	Trish Keller
Iona Thraen	Nancy Cheeney	
	Pat Flemming	

Presentation on Research by Christy Porucznik:

The PowerPoint is available under “Other Resources” on the Advisory Committee web page (http://www.health.utah.gov/prescription/html/advisory_committee.html)

Discussion:

- 40% concordance (of the prescription meds that an individual has in their system at time of death being the drug that that individual had a valid prescription for) is a conservative estimate.
- Prescription drugs could be from internet and out-of-state
- One limitation of the Medical Examiner data combined with Controlled Substance Database (CSDB) is a possible non-matching of names.
- Christy used a probabilistic matching system (i.e. Bob Rolfs and Robert Rolfs would match as the same person).
- Maybe we could look at if the medication is available in the household to that individual (not just specifically prescribed to that individual, but to other family members that would provide easy access as well).
- No difference between age, gender, urban, or rural of people with valid prescription vs. people with no evidence of ever having a prescription in CSDB.
- We could link our data with databases in nearby states to see if people are receiving the prescription drugs from our-of-state
 - How much of the problem comes from out-of-state?

- This may not provide added value (we already have the core information that some have an active Rx and other don't, so now we need to change norms).
- We need to educate people so they can identify risk-factors in loved ones and educate physicians to prescribe appropriately
- Information that we DO have from the data is that 40% of those who die are getting drugs from physicians

Work Group Updates:

A. Patient & Community Education Work Group by Abbie Vianes

1. The Work Group has many members/ very active and involved
2. Created a repository of resources on our Work Group web page
3. Collaborating with a large # of perspectives which have led to individuals being invited to speak and further spread the word about this issue:
4. Kevin Wyatt from Division of Insurance Fraud invited to speak to the Utah Pharmacy Association about DIF's involvement in prescription pain medication cases.
5. Kevin Scholz invited to present on his "Clean Out the Cabinet" campaign to the Drug Utilization Review Board in February.
6. Pilot Program offer by King Pharmaceutical on proper disposal of pharmaceuticals in Utah.
7. "in-progress": writing the article for LDS magazine
8. Reviewed "The Clean-Out the Cabinet" program and how it can be expanded to the state.
9. Working with pharmacists to help get the message to public and help with intervention.
10. Realizing that youth is an important target group but also middle age and older adults.

B. Policy, Insurance, Incentives Work Group by Jerry Shields

- Brainstormed initiatives that this work group wants to act on (see revised list below) focusing on system changes
- Abbie Vianes made an investigation of all ER's in Utah to see what policies they have for prescribing/giving out narcotics. Most ER's had protocol for minimizing the # of opiates they give out (see the detailed handout on our web site).
- First project: help Representative Daw get his bill on Real-Time reporting (HB 119) passed
 - What we've done
 - Sent letters to providers and other contacts encouraging support
 - Prepared to attend hearings and speak in support of the bill
 - Brainstormed what our group can do to insure that the passage of this bill results in increased use of Controlled Substances Database
 - a. Continuing education credits: for pharmacists and docs with info on laws, CSDB, how to use & access CSDB
 - b. New docs need orientation on CSDB

c. Give access to ancillary staff

d. Add training on CSDB as part of the requirement for real-time

e. Send mailer to every licensed prescriber with news about database updates

- Future Initiative ideas:

1. Warning/disclosure handed out with Rx prescription

2. Digitalize prescriptions

3. ER's only give limited supply of narcotics (rather than full prescription)

4. Encourage physicians to check DOPL before prescribing

5. Encourage pharmacists to check DOPL before filling (or guidelines/trainings)

6. Require DOPL's Controlled Substances Database to be up to date

7. Simple program for health plans to use to identify high opioid users tied with an educational and/or case management program.

8. Retail pharmacy program to educate pharmacists

9. Program to work with DOPL to promote appropriate use of the Controlled Substances Database among health care providers

10. Simple program that might sensitize physician

11. The University of Utah medical school to increase pain management and end-of-life care in the curricula.

12. All practicing physicians in Utah, with some exceptions, to complete continuing medical education in pain management and opioid prescribing.

13. All officers employed in Utah's diversion control division to complete training in basics of appropriate pain management and opioid prescribing.

14. All licensed pharmacists in Utah to complete course in pain management and opioid prescribing.

15. Patients who are prescribed opioids to receive alert from pharmacists elucidating guidelines for safe consumption

C. Data, Research, and Evaluation Work Group by Ernie Volinn

- Goals of group (still being determined):
 - Identify gaps in the research
 - Identify what research exists
 - Identify whether existing research is sufficient
 - Identify whether existing research is available/accessible
- Wondering if there is federal \$ for research on this topic?
 - Dr. Sundwall is meeting with CDC next week and will find out
 - Art Lipman says that AHRQ has no interest in funding this type of research

D. Provider Behavior Change: will be convened in next couple of months

Discussion was had regarding the meeting of a Provider Behavior change committee. Dr. Rolfs indicated that he would like to see a group started now with existing resources. After several minutes of discussion, the consensus opinion was to start the group with existing resources. Resources were identified and included the following.

- UMA/Board of Medical Examiner educational resources and program from 1990s (George VanKomen)
- Dr. Lynn Webster's presentations
- Medicaid website and program resources
- Development of a presentation bank of speakers and materials
- A list of providers is being developed
- Meetings of the group will be set up for February

Program Updates:

A. Media Campaign:

VanGuard Media Group was awarded the bid. They will begin doing a statewide telephone survey and have the results back by mid-February. Following the review of the preliminary information, they will begin to develop the communications plan for the campaign, as well as preliminary creative. The creative would then be presented to two focus groups for testing prior to taking the creative and producing it.

B. Guidelines:

Principles for guideline selection were handed out to advisory committee members with a small discussion of process. An expert panel for review and implementation feasibility will be used. A medical resident will be used to identify, evaluate, and synthesize existing guidelines reflected of the perspectives identified in the handout on principles. A matrix of selected guidelines and the rating of them according to the criteria agreed upon will be the product deliverable. Common principles will also be identified across the guidelines.

C. Legislation:

a. Bill related to opioids in this legislative session:

- HB 119: Requires pharmacists to send reports to Controlled Substances Database in real-time.
<http://le.utah.gov/~2008/htmdoc/hbillhtm/HB0119.htm>

- HB 100: Changes the maximum supply of a controlled substance that may be prescribed at one time from a 30 day supply to a 90 day supply; and removes the authority to distribute three different post dated prescriptions for the same controlled substance.

(<http://le.utah.gov/~2008/bills/hbillint/hb0100.htm>)

b. HB 137 Appropriations:

- We requested ongoing fund for the Prescription Pain Medication Management and Education Program (which currently is funded for 2 years)
- \$100,000 made it into the governor's budget
- Will be heard in appropriations committee on Wednesday, Jan 30 and Monday, Feb 4

Future Guest Lecture Feedback:

Handouts were distributed and collected with ideas of future presentations for the Advisory Committee meetings. Please send any other ideas to erjohnso@utah.gov